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PTO/SB/51 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

099488-2 (8000-79)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,810,590, granted 09/22/98, and for which a reissue patent is sought on the invention entitled DENTAL IMPLANTS AND METHODS FOR EXTENDING SERVICE LIFE

the specification of which

☐ is attached hereto.

☒ was filed on 09/22/00 as reissue application number 09/ 667,827 and was amended on 09/22/00 (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

THOMAS W. COLE 28,290

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	THOMAS W. COLE, NIXON PEABODY LLP				
Address	8180 GREENSBORO DRIVE, SUITE 800				
Address					
City	MCLEAN	State	VA	ZIP	22102
Country	U.S.A.				
Telephone	703 790 9110	Fax	703 883 0370		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

PAULA S. FRIED

Inventor's signature

Residence  
207-20 Jordan Drive, Bayside, NY 11360

Date

Post Office Address

Citizenship  
U.S.

Full name of second joint inventor (given name, family name)

LEONARD COOPER

Inventor's signature

Date

Residence

999 Grant Ave., Pelham Manor, NY 10803

Citizenship

U.S.

Post Office Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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<input checked="" type="checkbox"/> Firm or Individual Name	THOMAS W. COLE, NIXON PEABODY LLP			
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Full name of sole or first inventor (given name, family name)				
PAULA S. FRIED				
Inventor's signature <i>Paula S. Fried</i>				
Residence		Date 1-10-01		
207-20 Jordan Drive, Bayside, NY 11360				
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Full name of second joint inventor (given name, family name)				
LEONARD COOPER				
Inventor's signature <i>Leonard Cooper</i>		Date Jan 5, 2001		
Residence		Citizenship U.S.		
999 Grant Ave., Pelham Manor, NY 10803				
Post Office Address				
Full name of third joint inventor (given name, family name)				
Inventor's signature		Date		
Residence		Citizenship		
Post Office Address				
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.				

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